

PATENT NUMBER

<p>③ PD O.I.P.E. SCANNED <i>WHL</i> O.A. <i>CS</i><sup>3</sup></p>	<p>PATENT DATE</p>
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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
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				Amount Due	Date Paid
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